

CE Workgroup Meeting 7/5/16:

Present: Carrie Dunnwald, David Hagen, Carrie Slagle, J'nae Peterman, Marileigh Fisher, David Nelson, Gary Wicking, Julie Eberbach, Heather Harney, and Pheobe Trepp

Update on CE and HMIS-Prioritization Lists: ICA staff walked through a demo of the prioritization list developed in the system. Highlights included:

- Coordinated Entry assessment will be on bottom of Client Summary Page;
- Is meant as a triage tool;
- If safety is being threatened, or if in a DV/SA relationship-automatically refer to Iowa Domestic Violence hotline.
- Basic info will help get them on list in case they aren't in system yet;
- Can then go to VI-SPDAT assessments
- If they meet priority list guidelines, then they can be added to PL right from there
- Client Remove Section- can help ensure clients are getting housed
- Will have paper version of CE assessment
- Will have filter controls (county, gender, etc. to help programs)
- Could export it to Excel
- Will also show agency participation and LOT to get housed
- Do not have to do any service transactions, special entry/exit, etc.

Next Steps: We discussed several items that will need to be discussed further, either as part of general policies and procedures or to ensure consistency across the state. These items include, but are not limited to:

- Need to identify when clients will get removed from PL;
- Need to determine how to bring TH into the mix as it is set for RRH and PSH and how short-term RRH programs will be affected by this
- Need to define "Entry Date" so programs are consistent
- Need to define "Removal Date" so programs are consistent
- Need to determine how agencies will be able to refuse clients and what that process will be
- Need to determine when a VI-SPDAT will be completed, despite if referral is placed on PL or not
- Determine who will be contributing to PL and who can take people off the PL
- Determine when a new VI-SPDAT should be completed to ensure information is most accurate (i.e. 30 days, 3 months, 6 months)
- Determine how referrals would be transferred from one "region" to another

Recommendations:

- Offer the following trainings:
 - VI-SPDAT-to ensure accurate completion
 - CE Assessment and PL through HMIS
 - CE policies and procedures (once developed)
- Develop strong working relationships and/or MOU's with local DV providers to help ensure referrals are handled quickly and appropriately

Prioritization List:

After reviewing the HMIS CE Assessment and PL, a draft of how to prioritize people on the list was completed. Once implemented, programs will be expected to pull referrals from the PL, recognizing each program may have specific populations they work with (Veterans only, families only, youth, etc.)

Only referrals that are in Category 1 (Literally Homeless) or Category 4 (Fleeing/Attempting to Flee) will be placed on PL. Referrals that are classified in Category 4 will be brought to the table from the local DV providers.

Prioritization will be based on:

- VI-SPDAT score (higher score is prioritized first)
- If referrals have the same score, the next items to prioritize include
 - Chronic homeless status
 - LOT homeless/on the streets
 - Veterans
 - Families/Youth (if not being served by a youth provider)
- Referrals that are in Category 4 will be incorporated into the PL. DV providers will have their own prioritization list and will bring those referrals to the table to add. It will be expected that DV providers will bring the same information required in the CE Assessment that is on the HMIS system (i.e. paper copies)